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Human Resource Practices and Healthcare Professionals' Performance: A Cross-sectional Study in Pakistan's Hospitals

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Abstract

The current research study investigated the relationships between human resource practices (HRP), such as work design (WD), affective commitment (AC), and intrinsic reward (IR), and the performance of healthcare professionals (HCPP). A cross-sectional and self-administered survey was conducted among 224 healthcare professionals (doctors and nurses) in Pakistan's hospitals (public and private) through simple random sampling. The hypotheses were examined using SmartPLS. The research confirms that WD and AC have a significant impact on HCPP. The IR have an insignificant influence on HCPP. The results of the study offer both theoretical and practical implications, as they illuminate insights into how Pakistan's hospitals (both public and private) demonstrate well-organised WD and endorse AC to improve HCPP. Hence, hospitals must harmonise and coordinate HRP strategies as work design and affective commitment to expedite the HCPP. The study also recommends that hospitals periodically review the prominence of IR.

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INTRODUCTION

Prior literature studies have revealed that extended working hours, a demanding workload, and stringent management standards have led to issues among healthcare professionals, resulting in a 35% reduction in employee performance in hospitals (Van, 2020; Xu et al., 2022). Healthcare professionals are indispensable to maintaining consistent and efficient health services, ensuring that systems operate smoothly (Xu et al., 2022). The hospital sector lacks effective HRM practices to support healthcare professionals (Alam & Iqbal, 2023). In several cases, manufacturing or service organisations have inaccurate data due to deprived HRP (Mwangi & Kibiru, 2025). Manufacturing or service organisations must coordinate HRP efficiently to boost the performance of healthcare professionals (Ahmad et al., 2024). HRP, as well as WD, AC, and IR, is being considered by future academics, and its application in the

hospital sector is currently limited (Pinho et al., 2024). Additionally, efficient HRP impacts HCPP (Simbolon et al., 2023). These HRPs are critical for hospitals to augment the HCPP. Therefore, examining these HRP as WD, AC, and IR impacting HCPP may yield valuable insights (Shrestha, 2023). Work design (WD) supports organisations in the decision-making process, enabling them to recognise its importance to the organisation (Islami & Mulolli, 2024). Therefore, a structured WD proposal offers exhilarating opportunities, and the impact of WD on HCPP and the impact of WD on HCPP still need to be examined (Schultz, 2022). AC also serves as a call for future researchers to investigate its impact on HCPP (Pinho et al., 2024). The AC is experiencing growing effects that are greater than the summation of the additional HRP (Gampine, 2023).

A developed AC in performance is mandatory to accomplish key responsibilities (Agustina et al., 2024). Additionally, intrinsic rewards (IR) are also considered by academics (Ta'Amnha et al., 2023). IR include non-monetary appreciation to encourage employees (Paposa et al., 2023; Ta'Amnha et al., 2023). By exhausting translucent intrinsic incentive schemes, personnel in organisations can effectively retain and stimulate (Wulandari & Diko, 2024). Identifying that previous literature scrutinising the influence of IR on HCPP is still in early stages (Lam et al., 2024; Wulandari & Diko, 2024).

In highlighting the above research gaps, the current study contributes to the existing literature by examining the relationships between HRP, such as WD, AC, and IR, and HCPP in hospitals in Pakistan (both public and private). Thus, the current study addresses the three questions. Did work design as HRP upsurge HCPP? Did affective commitment as HRP rise HCPP? Can intrinsic rewards, as HRM practices, escalate HCPP?

LITERATURE REVIEW

Work Design and Healthcare professionals' performance

Verburg et al. (2007) highlight that the success of a job depends on the competencies and topographies of employees. Bernard et al. (2023) recognised a correlation between work design and performance of employees in manufacturing firms. Holman et al. (2012) enumerated that WD is central to innovative work for employees and is essential in human resource management. It is associated with employee performance, but it is comprehensive (Bresk, 2023). Ahmad et al. (2024) suggest that WD encourages employee performance by creating engaged jobs. WD, enabling employees to design, consolidate, and control their positions through decision-making participation (Bernard et al., 2023). Thus, the following hypotheses can be formulated:

H1: WD has a positive impact on the HCPP (doctors and nurses) in hospitals in Pakistan.

Affective Commitment and Healthcare professionals' performance

AC is the emotional attachment that people feel towards their work, moulded by their experiences (Meyer et al., 2002). Previous studies have established a relationship between AC and HRP, as employee commitment influences HR policies, and indicate that organisations that prioritise employee well-being and commitment tend to have more dedicated employees (Alqudah et al., 2022). Organisations must reflect AC when assessing performance, as high performance is related to increased employee energy and goal accomplishment, and employees with an emotional attachment to

the organisation are more likely to take pride in their association, which in turn leads to improved organisational consequences (Agustina et al., 2024; Cohen, 2003). Thus, the literature appraises and highlights the importance of AC in enhancing healthcare professionals' performance. Organisations that highlight and maintain AC among their employees can improve HCPP. Therefore, the authors' following hypotheses can be formulated.

H2: AC impacts the HCPP (doctors and nurses) in hospitals in Pakistan.

Intrinsic Rewards and Healthcare professionals' performance

Mahaney and Lederer (2006) recognise IR as recognition, appreciation, and praise from supervisors and coworkers, all of which are noteworthy motivators. Furthermore, Mdhlalose (2024) highlights the life-threatening role of diagnosing employees' contributions through recompense, as this unswervingly influences organisational processes. In manufacturing organisations, heightening workflows by utilising intrinsic rewards can improve productivity (Zhu et al., 2024). Internal rewards influence employees' performance, as emphasised by Bindra et al. (2023). Mdhlalose (2024), Zhu et al. (2024), and Bindra et al. (2023) asserted that IR increases employee performance, concluding that the literature validates the prominence of IR in inspiring and enhancing HCPP. Governments and organisations should consider implementing IR systems as part of their HR planning to enhance enhancing healthcare professionals' performance and productivity. Therefore, the following hypotheses can be formulated:

H3: IR has a positive impact on the HCPP (doctors and nurses) in hospitals in Pakistan.

RESEARCH FRAMEWORK

The research framework presented in Fig. 1 indicates that HRP affects the HCPP (doctors and nurses) in hospitals in Pakistan. Thus, the theory of dynamic capability grounds the research framework for the relationship between HRP and HCPP (doctors and nurses).

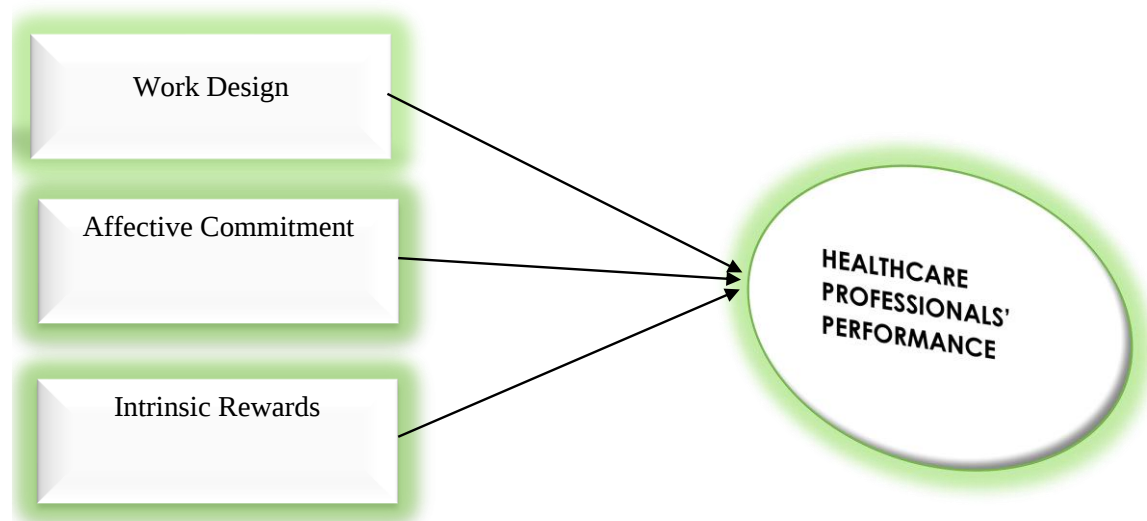


Figure 1.
Conceptual model

METHODOLOGY

Data Collection

The population consisted of healthcare professionals, including doctors and nurses, in Pakistan's hospitals (both public and private). The authors' selected sample was contacted through Google Forms to complete the survey for WD, AC, IR, and HCPP. A cross-sectional study was conducted among 224 healthcare professionals (doctors and nurses) in hospitals in Pakistan (both public and private) using simple random sampling. A cross-sectional study was conducted by Gull, Parveen, and Sridadi (2023). The study was conducted by applying simple random sampling. For data collection, 280 surveys were distributed among doctors and nurses in public and private hospitals across Pakistan. After excluding the incomplete questionnaires, 224 questionnaires remained. Participants' informed consent was obtained, and their information was kept confidential by the research studies by Gull, Rashid, et al. (2023), Jabbar et al. (2025), and Haider et al. (2025). The first part of the survey covers demographics, and the second part addresses study variables.

Scales and Measurements

All variables under study were measured and assessed using a 5-point Likert scale, as per the earlier study by Shabbir et al., (2023) following pre-testing. All variables under study used a scale ranging from 1 (strongly disagree) to 5 (strongly agree). Six items from the scale of Jackson et al. (1993) were used for work design (WD), seven items adapted from Allen (2001) for intrinsic rewards (IR) and affective commitment (AC), and 5 items from Meyer & Allen (1997) were adapted. The Healthcare Professionals' Performance (HCPP) scale comprises 10 items adapted from Salfi (2011) and Williams & Anderson (1991).

Analysis process

The Results analysis was conducted through SPSS and SmartPLS-3. The SmartPLS-3 is a regression technique that examines the interrelationships among variables simultaneously and is used to assess associations in studies (Gull et al., 2024; Hair et al., 2011).

RESULTS

Measurement Model

The values of average variance extracted ranged from 0.507 (WD) to 0.921 (IR). Hence, the AVE meet the criteria (Fornell & Larcker, 1981). The values of alpha range from 0.833 (IR) to 0.921 (HCPP), meeting the threshold value (Hair et al., 2011) (See Table 1).

Table 1.
Average variance extracted and Cronbach's Alpha

	AVE	Cronbach Alpha
affective commitment	0.713	0.902
healthcare professionals' performance	0.820	0.921
intrinsic rewards	0.921	0.833
work design	0.507	0.865

The discriminant validity (HTMT) values meet the standard criteria, as they should be less than 0.90 according to the established guidelines (Hair et al., 2017); thus, all variables in the study meet the suggested criteria (See Table 2).

Table 2.
Discriminant validity (HTMT) values

	affective commitment	healthcare professionals' performance	intrinsic rewards	work design
affective commitment				
healthcare professionals' performance	0.831			
intrinsic rewards	0.327	0.326		
work design	0.649	0.813	0.426	

Hypothesis Testing

The Structural Model Evaluation analyses the relation between variables and the model fit. It analyses the hypothesised association among variables. According to the results, the R-squared value is 0.814, indicating that 81.4% of the variance in enhancing healthcare professionals' performance can be explained. HRM practices are significantly correlated with healthcare professionals' performance. The work design and affective commitment are positively correlated with healthcare professionals' performance, with beta values of 0.152 and 0.750. The intrinsic rewards indicate insignificant results with a beta value of 0.025 (See Table 3).

The results of our hypothesis are analysed using SmartPLS 4, which includes the hypothesis paths, their respective coefficients (β), t-values, and p-values. The results indicate that the work design has a significant and positive relation with HCPP, with a β value of 0.152. Thus, effective work design leads to better healthcare professionals' performance. Therefore, hypothesis 1 is supported. Results indicate that affective commitment is significant at a β value of 0.750 and is positively correlated with healthcare professionals' performance at a p value of 0.003. Results indicate that a higher level of affective commitment is associated with improved HCPP. Therefore, hypothesis 2 is supported. There is a non-significant relationship between intrinsic rewards and healthcare professionals' performance. Results do not support hypothesis 3.

Table 3. Hypotheses Results

Hypotheses	t-values	Beta values	p-values
work design -> healthcare professionals' performance (H1)	4.825	0.152	0.002
affective commitment->healthcare professionals' performance (H2)	3.183	0.750	0.003
intrinsic rewards -> healthcare professionals' performance (H3)	0.841	0.025	0.508

DISCUSSION

The findings of Hypothesis 1 are consistent with those of Raharjo and Fernandes (2018). The studies by Holman et al. (2012) and Karanika-Murray et al. (2017) specify that work-related factors, such as autonomy, utilisation of skills, and problem-solving, impact performance. The results of Kim et al. (2024) are consistent with our Hypothesis 2, indicating that, under dynamic capability theory, AC has an impact on the performance of healthcare professionals, including doctors and nurses, in hospitals in Pakistan (both public and private), where they perform well in these settings. The current study indicates that IR has no impact on the performance of healthcare professionals (doctors and nurses) in Pakistan's public and private hospitals. Thus, the Results do not prove our hypothesis 3. The intrinsic rewards have no impact on the performance of employees or healthcare professionals, consistent with the results of

Hafiza et al. (2011). According to dynamic capability theory, hospitals should practice skills development, employee autonomy, a balanced approach to rewards, and recognition plan systems to boost healthcare professionals' performance.

THEORETICAL AND PRACTICAL IMPLICATIONS

The current research contributes to the existing literature by highlighting the implications of WD, AC, and IR as HRP in shaping the performance of healthcare professionals. The existing study, precisely conducted among doctors and nurses in hospitals in Pakistan (both public and private), validates the influence of WD, AC, and IR as HRP on the performance of healthcare professionals. Lastly, it illustrates that under dynamic capability theory, WD and AC have an impact on the performance of healthcare professionals, while IR has no impact on their performance.

LIMITATIONS AND FUTURE RESEARCH

The current study has certain limitations, as a cross-sectional approach for data collection does not allow for causal conclusions. The current research collected data from the hospital sector; however, in the future, data can be collected from the manufacturing industry, with a primary focus on the dairy manufacturing sector in Pakistan, as well as from other service sectors. The sample size may impact the findings of the current study. Future researchers should investigate other independent, mediating, or moderating variables in the current study model. Nevertheless, the research scholars asserted that the moderating role of knowledge sharing is understudied in the literature. The impact of green human resource management practices or sustainable human resource management practices should be investigated on the same output variable with diverse mediating or moderating constructs in the future. Future researchers should replicate the study by examining the green performance of healthcare professionals in Pakistan. The framework should be investigated across other countries. A longitudinal, lagged data, split-half approach, and qualitative approach (Hassan et al., 2023; Shahid et al., 2024) should be employed by future investigators. Future research studies should incorporate other HRPs in the performance of healthcare professionals.

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